

**Denton Community Theatre's Theatre School
Enrollment Form**

Email to thedctteam@campustheatre.com or bring completed form to
POINTBank Black Box Theatre 318. E. Hickory
or Campus Theatre 214 W. Hickory

Student Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Email: _____

Class Requested: _____ \$ _____ Date pd: _____

Is this the first time to enroll at DCTTS? ___ Yes ___ No

How did you hear about Theatre School?

___ Newspaper ___ E-mail from DCT ___ Friend/Relative

___ Other: _____

Special Needs/Known Allergies/Notes:

In case of emergency, call:

Name	Phone #	Relationship to Child
1. _____		
2. _____		

In the event of a medical emergency, if the persons listed above cannot be reached, I hereby authorize a staff member of Denton Community Theatre to give consent for medical treatment of my child (Section 35.01 Texas Family Code)

Signature _____ Date _____

I hereby give my approval for Denton Community Theatre to photograph and/or record my child for marketing, social media, and/or archival purposes.

Signature _____ Date _____